Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (302)531-0855

Fax Number : (866)223-0765

## REGISTERED AGENT RESIGNATION

## STORMBLOK SYSTEMS, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509,	or 617 1509,
Florida Statutes, the undersigned, IN	CORPORATING SERVICES, LTD.	
	(Name of Registered Ager	rt)
hereby resigns as Registered Agent for	STORMBLOK SYSTEMS, INC	ORPORATED
_	(Name of Corporation)	
P06000035396		
(Document Number, if known)	MALENTY.	
A copy of this resignation was mailed to	o the above listed corporation at its	last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after t	he date on which
Melinat	Mum gnature of Leeigning Agent)	<del></del>
If signing on behalf of an entity:		97 ALL
MELISSA A. MUR	RY .	ARE R T
	Typed or Printed Name)	NARY I
ASSISTANT SECH	RETARY	AH M
<del></del>	(Capacity)	TATI C

Fee for filing this document: \$87,50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314